## **CAFAS SUMMARY SCORING SHEET** CHILD AND ADOLESCENT FUNCTIONAL ASSESSMENT SCALE

| Child ID: Date As                         | sessed:// Service Sta   | art Date:/               |
|---|---|--------------------------|
| Agency Case #: MaineCare #                | <b>DOB:</b> / /   | Gender M F               |
| Child's County Residence:                 | BDS Region: III   | III                      |
| Rater Name: Agend                         | cy/Program Name:  | <del> </del>             |
| Rater ID#:                                |   |                          |
| Services Program (check of the following) |   |                          |
| CAFAS Administration:                     | Entry into Service Children's Behavioral Health Services(65H) |                          |
| Baseline Entry into Service               |   |                          |
| Annual Exit                               |   |                          |
| Other                                     |   |                          |
| Saala Saara                               | og for Vouth's Function                                       | ning .                   |
| Scale Score                               | es for Youth's Function                                       | mig                      |
| DIMENSION                                 |   | DIMENSION                |
|   |   | RATING                   |
|   |   | Choose one rating option |
|   |   | (30) (20) (10) (0)       |
| Role Performance                          |   |                          |
| School/Work                               |   |                          |
| Home                                      |   |                          |
| Community                                 |   |                          |
|   |   |                          |
| Behavior Toward Others                    |   |                          |
| Manda/Cale Langua                         |   |                          |
| Moods/Self-harm                           |   |                          |
| Moods/Emotions                            |   |                          |
| Self-Harmful Behavior                     |   |                          |
| Colored                                   |   |                          |
| Substance Abuse                           |   |                          |
| Thinking                                  |   |                          |
| <u>6</u>                                  | Total for Youth   | 1                        |

| Levels of Overall Dysfunction based on Youth's Total Score  |  |  |
|---|--|--|
| Description   |  |  |
| Youth exhibits no noteworthy impairment   |  |  |
| Youth likely can be treated on an outpatient basis, provided that risk behaviors are not present  |  |  |
| Youth may need additional services beyond outpatient care   |  |  |
| Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care   |  |  |
| Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community |  |  |
|   |  |  |

Mail to: Dept. of Health & Human Services Attention: Children's Quality Improvement Assessment Data 11 SHS, Marquardt Bldg., 2<sup>nd</sup> Floor Augusta, ME 04333